

POSITION	INITIALS	ID NO	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ Requested  
 = Allowed  
 - Through numbers  
 : Restricted

A  
 A  
 A  
 C

No. of  
 Actions  
 App.  
 (Total)

Claim	Date	Claim	Date
1		101	
2		102	
3		103	
4		104	
5		105	
6		106	
7		107	
8		108	
9		109	
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45		145	
46		146	
47		147	
48		148	
49		149	
50		150	

BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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